

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90086 039 ***150.00

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DOCUMENT # P95000072408

1. Corporation Name
SEMINOLE TRIM, INC.



Principal Place of Business

1140 BOBWHITE TRAIL
CHULUOTA FL 32766
US

Mailing Address

1140 BOB WHITE TRAIL
CHULUOTA FL 32766
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1096 HOWELL HARBOR DR

Suite, Apt. #, etc.

22 City & State

23 CASSELBERRY, FLA.

24 32707 25 Seminole

2a. Mailing Address

26 1096 HOWELL HARBOR DR

Suite, Apt. #, etc.

27 City & State

28 CASSELBERRY, FLA.

29 32707 30 Seminole

3. Date Incorporated or Qualified

09/19/1995

4. FEI Number

59-3335834

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

BROWN, BETTY M
1140 BOB WHITE TRAIL
CHULUOTA FL 32766

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1096 HOWELL HARBOR DR

83

84 CASSELBERRY

FL

85 Zip Code

32707

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Betty M. Brown President

1-8-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME BROWN, BETTY M
STREET ADDRESS 1050 BRIELLE AVE
CITY-ST-ZIP OVIEDO-FL

TITLE VSD
NAME BROWN, WILLIAM J
STREET ADDRESS 1050 BRIELLE AVE
CITY-ST-ZIP OVIEDO-FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
1096 HOWELL HARBOR
CASSELBERRY, FLA.
32707

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
1096 HOWELL HARBOR DR
CASSELBERRY, FLA 32707

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Betty M. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99 407-696-7390

Date

Daytime Phone #

CR2E034 (11/98)